

(Del. Rev. 11/14) Pro Se General Complaint Form

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

BRIANA PATRICK

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

LEXISNEXIS RISK SOLUTIONS

(In the space above enter the full name(s) of the defendant(s).)

If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

Civ. Action No. **23 - 827**
(To be assigned by Clerk's Office)

COMPLAINT
(Pro Se)

Jury Demand?

☒ Yes

☐ No

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

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I. PARTIES IN THIS COMPLAINT**Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

PATRICK BRIANA

Name (Last, First, MI)

500 N BANCROFT PARKWAY

Street Address

NEW CASTLE WILMINGTON, DE 19805

County, City

State

Zip Code

(302) 213-4733

Telephone Number

brianapattick94@gmail.com

E-mail Address (if available)

Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:

LEXISNEXIS Risk Solutions

Name (Last, First)

1209 Orange Street

Street Address

New Castle Wilmington, DE 19805

County, City

State

Zip Code

Defendant 2:

Name (Last, First)

Street Address

County, City

State

Zip Code

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Defendant(s) Continued

Defendant 3:

Name (Last, First)

Street Address

County, City

State

Zip Code

Defendant 4:

Name (Last, First)

Street Address

County, City

State

Zip Code

II. BASIS FOR JURISDICTION

Check the option that best describes the basis for jurisdiction in your case:

- ☐ **U.S. Government Defendant:** United States or a federal official or agency is a defendant.
- ☐ **Diversity of Citizenship:** A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000.
- ☒ **Federal Question:** Claim arises under the Constitution, laws or treaties of the United States.

If you chose "Federal Question", state which of your federal constitutional or federal statutory rights have been violated.

My rights under the Fair Credit Reporting
act have been violated.

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III. VENUE

This court can hear cases arising out of the Counties of New Castle, Kent, and Sussex in the State of Delaware.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because:

A substantial part of the Events I am suing about happened in this district

IV. STATEMENT OF CLAIM

Place(s) of
occurrence:

Wilmington, DE

Date(s) of occurrence:

April 1, 2023, May 20, 2023, May 21, 2023

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions.

FACTS:

What
happened to
you?

On April 1, 2023 I received a notice from my insurance company stating that the rates on my car insurance were due to increase. The increase was due to LexisNexis Risk Solutions furnishing a Driving and Loss history and prior insurance report on my behalf. LexisNexis Risk Solutions did not receive my written

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Consent or instruction to furnish a report on my behalf which is a violation pursuant to 15 USC 1681b(2). LexisNexis failed to conduct an initial investigation prior to furnishing two claims and two insurance transactions on my consumer report. I did not give LexisNexis permission to access my personal information nor did I get the opportunity to communicate that I did not want the following information furnished. As a result the cost of my insurance was adversely affected. On May 20, 2023 my insurance increased from \$343.67 to \$405.00. I was unable to afford the new cost of my policy and as a result my insurance was canceled. LexisNexis failed to conduct a reasonable investigation once notified of the unauthorized information and failed to remove and block it which is a violation of 15 USC 1681i(5)(A).

Was anyone
else
involved?

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Who did
what?

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V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.

I have suffered extreme emotional and mental stress. I have sustained financial loss due to an increase in my policy and change in coverage. I have suffered reputational injury due to a breach of privacy caused by LexisNexis accessing my non-public personal information. I have sustained a loss in coverage due to LexisNexis Risk Solution's willful violations of the Fair Credit Reporting Act.

VI. RELIEF

The relief I want the court to order is:

☒ Money damages in the amount of: \$ 30,000

☒ Other (explain):
Removal of all personal information from records and database.

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VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

8/1/23
Dated


Plaintiff's Signature

PATRICK, BRIANA, D
Printed Name (Last, First, MI)

500 N BANCROFT PARKWAY WILMINGTON, DE 19805
Address City State Zip Code

(302)213-4733
Telephone Number

brianapatrik94@gmail.com
E-mail Address (if available)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.